

MGPI of Indiana, LLC 7 Ridge Avenue Lawrenceburg, Indiana 47025 800.255.0302 www.mgpingredients.com

July 29, 2014

Indiana Department of Environmental Management Office of Air Quality – Compliance Data Section 100 N. Senate Avenue MC61-53IGCN1003 Indianapolis, IN 46204-2251

Dear Gentlemen/Madam:

Re: Quarterly Deviation and Compliance Monitoring and Excess Emissions Reports Part 70 Operating Permits No.: T029-24407-00005

Enclosed is the referenced report for the second quarter of 2014.

Very Truly Yours,

W.R. Graves

W.R. Graves

EHS Manager

WRG/mhm Enclosure

Administrative Amendment No.: 029-31208-00005 Amended by: Laura Spriggs

Permit Reviewer: Michael A. Morrone/MES/Anne-Marie C. Hart

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY

PART 70 OPERATING PERMIT CERTIFICATION

Source Name:

MGPI of Indiana, LLC

Source Address:

7 Ridge Avenue, Lawrenceburg, Indiana 47025

Part 70 Permit No.: T 029-24407-00005

This certification	on shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.
. Please chec	k what document is being certified:
☐ Annual Complian	nce Certification Letter
☐ Test Result (spe	cify)
(X Report (specify)	Quarterly Compliance Report
☐ Notification (spe	city)
Affidavit (specify	7)
☐ Other (specify)	
I certify that, based information in the d	on information and belief formed after reasonable inquiry, the statements and ocument are true, accurate, and complete.
Signature:	Welle Husplan
Printed Name:	Mike Templin
Title/Position:	Plant Manager
Phone:	812-532-4171
Date:	July 29, 2014

Administrative Amendment No.: 029-31206-00005 Amended by: Laura Spriggs

Permit Reviewer: Michael A. Morrone/MES/Anne-Marie C. Hart

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH

Part 70 Quarterly Report

Source Name:

MGPI of Indiana, LLC

Source Address:

7 Ridge Avenue, Lawrenceburg, Indiana 47025

Part 70 Permit No.: T 029-24407-00005

Facility: Parameter: One (1) steam boiler, identified as EU-96 Amount of coal burned or equivalent

Limit:

85,096 tons of coal per twelve (12) consecutive month period, equivalent to 214.2 tons of PM per year, with compliance determined at the end of each month.

For purposes of showing compliance with this fuel limit, the following equivalencies shall be used: one (1) million cubic feet of natural gas is equivalent to 0.021 tons of coal, one kilogalion of No. 6 fuel oil is equivalent to 0.138 tons of coal, and one (1) ton of wood is equivalent to 0.056 tons of coal.

> 2014 YEAR:

Month	Coal burned or equivalent (tons)	Coal burned or equivalent (tons)	Coal burned or equivalent (tons)
	. This Month	Previous 11 Months	12 Month Total
April	3	31	34
May	3	31	34
June	3	31	34

X	No devi	to deviation occurred in this month.		
		on/s occurred in this month. on has been reported on:		
Sul	bmilted by:	William R. Graves		
Titl	le/Position:	EHS Manager		
Sig	gnature:	William R. Graves		
Da	ste:	July 29, 2014		
Ph	none:	(812) 532-4158		

Administrative Amendment No.: 029-31206-00005 Amended by: Laura Spriggs

Permit Reviewer: Michael A. Morrone/MES/Anne-Marie C. Hart

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY. COMPLIANCE AND ENFORCEMENT BRANCH

Part 70 Quarterly Report

Source Name:

MGPI of Indiana, LLC

Source Address:

7 Ridge Avenue, Lawrenceburg, Indiana 47025

Part 70 Permit No.: T 029-24407-00005

Facility:

One (1) steam boiler, identified as EU-97

Parameter:

#2 Fuel Oil Burned

Limit:

1,848,000 gallons per twelve (12) consecutive month period, equivalent to SO₂ emissions of 39.9 tons per year, with compliance determined at the end of each

month.

2014 YEAR:

Month	#2 Fuel Oil (gallons)	#2 Fuel Oil (galions)	# 2 Fuel Óil (gallons)
Mary and the state of the state	This Month	Previous 11 Months	12 Month Total
April	0	0	. 0
May	0	0	0
June	0	0	.0

⊠	No deviation occurred in this month.		
□· ·		on/s occurred in this month. on has been reported on:	
Submi	itted by:	William R. Graves	
Title/P	osition:	EHS Manager	
Signat	ture:	William R. Graves	
Date:		July 29, 2014	
Phone	ə:	812-532-4158	

Source Name: Source Address: Administrative Amendment No.: 029-31206-00005

Amended by: Laura Spriggs

Permit Reviewer: Michael A. Morrone/MES/Anne-Marie C. Hart

Part 70 Permit No.: T 029-24407-00005

MGPI of Indiana, LLC

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH

PART TO OPERATING PERMIT QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT

7 Ridge Avenue, Lawrenceburg, Indiana 47025

Months: April to Jui	1e Year: 2014
	Page 1 of 2
This report shall be submitted quarterly based requirements of this permit, the date(s) of each de the response step(s) taken must be reported. A applicable requirement that exists independent of schedule stated in the applicable requirement ar Additional pages may be attached if necessary. If marked "No deviations occurred this reporting perio	viation, the probable cause of the deviation, and deviation required to be reported pursuant to an if the permit, shall be reported according to the and does not need to be included in this report, no deviations occurred, please specify in the box.
IX NO DEVIATIONS OCCURRED THIS REPORT	NG PERIOD.
THE FOLLOWING DEVIATIONS OCCURRED	THIS REPORTING PERIOD
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Step(s) Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Step(s) Taken:	

MUPI of Indiana, LLC Administrative Amendment No.: 029-31206-00005
Lawrenceburg, Indiana Amended by: Laura Spriggs
Permit Reviewer: Michael A. Morrone/MES/Anne-Marie C. Hart

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	Page 2 of 2
Permit Requirement (specify permit co	ondition #)
Date of Deviation:	Duration of Deviation:
Number of Deviations:	4
Probable Cause of Deviation:	
Response Step(s) Taken:	
Permit Requirement (specify permit or	ondition#)
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Step(s) Taken:	
Permit Requirement (specify permit of	condition #)
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Step(s) Taken:	
Form Completed By:	William R. Graves
Title/Position:	EHS Manager
Date:	July 29, 2014
Phone:	(812) 532-4158

OUARTERLY REPORT OPACITY MONITOR OTHER NO.6 - MGPF of Indiana

FOR THE QUARTER FROM April TO

2014

A . EXCESS EMISSIONS SUMMARY

START END SEADINGS

DATE : TIME DATE : TIME MAXIMUM AVERAGE REASON COR

NONE

OUARTERLY REPORT OPACITY MONITOR BOILER NO. 6 - MGPI of Indiana, LLC FOR THE QUARTER FROM April TO June

B. OPACITY MONITOR DOWNTIME SUMMARY

START END DURATION

DATE I TIME DATE : TIME MINUTES REASON REPAIRS/ADJUSTMENTS

NONE

BOILER NO.6 - MGPL of Indiana, LLC . .

FOR THE QUARTER FROM April TO June

	TART TIME		<u>end</u> <u>: Time</u>	DURATIO MINUTES	<u>N</u> REASON	REPAIRS/ADJUSTMENTS
. 4-2	11:30	4-2	17:45	375	Leaking tube	Repaired tube leak

375 minutes

MONTHLY OA LOG SUMMARY SHEET OPACITY MONITOR

BOILER NO.6 - MGPI of Indiana, LLC. FOR THE MONTH OF April 2014 DAYS/HOURS BOILER WAS ON LINE DURING MONTH FAULT LIGHT ON FOR: COMMENTS Reflector air purge fault Transceiver air purge fault Reflector and transceiver air purge fault Main lamp out of spec-Dirty windows alarm Off line Zero drift > 4% opacity Span calibration drift > 4% opacity ALARM/EARLY WARNING LIGHT ON FOR: DAYS/HOURS Zero drift > 2% opacity Span drift > 2% opacity High opacity CHART RECORDER TIME CHECK WAS OVER 6 MIN. FAST OR SLOW: NO. OF DAYS/HOURS COMMENTS: VALID DATA PERCENTAGE 7,137.5 Total 6 minute valid periods: Total six minute periods (includes QA checks, malfunction, process downtime) = 7,137.5 downtime) = Total 6 minute valid periods % Valid Data X 100 = 100.00Total six minute periods

REVIEWED BY:

MONTHLY OA LOG SUMMARY SHEET OPACITY MONITOR

BOILER NO.6 - MGPI of Indiana, LLC. FOR THE MONTH OF May 2014 BOILER WAS ON LINE DURING MONTH FAULT LIGHT ON FOR: COMMENTS Reflector air purge fault Transceiver air purge fault Reflector and transceiver air purge fault Main lamp out of spec-Dirty windows alarm Off line zero drift > 4% opacity Span calibration drift > 4% opacity ALARM/EARLY WARNING LIGHT ON FOR: DAYS/HOURS COMMENTS: Zero drift > 2% opacity Span drift > 2% opacity High opacity CHART RECORDER TIME CHECK WAS OVER 6 MIN. FAST OR SLOW: NO. OF DAYS/HOURS VALID DATA PERCENTAGE 7,440.00 Total 6 minute valid periods: Total six minute periods (includes QA checks, malfunction, process downtime) = 7,440.00 Total 6 minute valid periods % Valid Data X 100 = 100.00% Total six minute periods REVIEWED BY: W

MONTHLY OA LOG SUMMARY SHEET

OPACITY MONITOR BOILER NO.6 - MGPI of Indiana, LLC. FOR THE MONTH OF _____ June 2014 BOILER WAS ON LINE DURING MONTH FAULT LIGHT ON FOR: DAYS/HOURS COMMENTS Reflector air purge fault Transceiver air purge fault Reflector and transceiver air purge fault Main lamp out of spec-Dirty windows alarm Off line Zero drift > 4% opacity Span calibration drift > 4% opacity ALARM/EARLY WARNING LIGHT ON FOR: DAYS/HOURS COMMENTS: Zero drift > 2% opacity Span drift > 2% opacity High opacity CHART RECORDER TIME CHECK WAS OVER 6 MIN. FAST OR SLOW: NO. OF DAYS/HOURS COMMENTS: VALID DATA PERCENTAGE 7,200.00 Total 6 minute valid periods: Total six minute periods (includes QA checks, malfunction, process 7,200.00 downtime) = Total 6 minute valid periods % Valid Data = . X 100 =100.00 Total six minute periods

REVIEWED BY: W. W

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SÉNDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Indiana Dept, Environmental Mamt. Office Air Quality-Compliance Data 100 N. Senate Avenue	D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
MC61-53IGCN 1003 Indianapolis,IN46204-2251	3. Service Type Certified Mail Express Mail Registered.
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7013 25	!50 0001 9023 7262